

Hopkins Community Education Class Planning Form

A Community Education program of

HOPKINS
PUBLIC SCHOOLS



Please type information in the boxes provided. **Return completed form to:**
Hopkins Community Education, 1001 Hwy 7, Hopkins, MN 55305
Fax (952 988-4079) • Email: Andrea.Sjogren@hopkinsschools.org

Class is for: Adults Youth, grade(s) _____

Proposed Class Title:

Instructor Information

Instructor Name & Credentials (as you wish to be listed in catalog)

Address: City, State, Zip:

1st Phone Contact No. : Home # Cell # Work #

2nd Phone Contact No.: Home # Cell # Work #

Email:

Check for permission to add my email to the Hopkins Community Education Adult Program Email Newsletter list
(we do not share names on this list)

Class Information

Day of Week Preference: Mon. Tues. Wed. Thurs. Fri. Sat.

of sessions:

Times (start-finish):

Start Date: End Date:

Date Exceptions (class does not meet):

Class Fee:

Office Use Only

Class Description: Use description on file OR type below (We reserve the right to edit description)

Office Use Only
Permit #

Room

AV on Permit

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If applicable, Materials Fee amount paid to teacher in class:

Minimum # Students:

Maximum # Students:

Room Set-Up

Type of room needed & special set-up requirements. Please explain:

AudioVisual Equipment:

Please check your AV needs:

LCD Projector

VHS Player/Monitor

Overhead Projector

DVD Player/Monitor

Screen

Other

Salary Expectations:

\$ /Hour

Salary for Class: *Office Use Only*

Office Use Only

Thanks for your interest in teaching for Hopkins Community Education!